

BOARD OF REAL ESTATE APPRAISERS

Please Check Appropriate Box(es) Below

CHANGE OF NAME

CHANGE OF EMAIL ADDRESS

CHANGE OF RESIDENCE ADDRESS

CHANGE OF RESIDENCE PHONE NUMBERS(S)

CHANGE OF BUSINESS ADDRESS

CHANGE OF BUSINESS PHONE NUMBERS(S)

LICENSEE INFORMATION

Licensee Name:					
	Last		First		Middle Initial
Licensee Name Chang (You must provide proof of name change)	inge)		First		Middle Intital
	Last		FIRST		Middle Initial
Licensee Social Secur (Last four digits only)	rity Number:	XXX-XX-			
License Number:	□AR □AL	□CR □CG	_		
LICENSEE EMAIL AD	DRESS:				
LICENS	EE RESIDENC	CE ADDRESS AI	ND PHONE NUMB	BER(S) INFORM	ATION
Street Address				РОВох	
City				City	
State				State	
Zip Code				Zip Code	
County				County	
Phone Number				·	
Mobile Number				•	
LICEN	SEE BUSINES	S ADDRESS AN	ID PHONE NUMB	ER(S) INFORM	ATION
Street Address				P O Box	
City				City	
State				State	
Zip Code				Zip Code	
County				County	
Phone Number				_	
Mobile Number				•	
Fax Number				•	
				•	
	IMI	PORTANT MAIL	INFORMATION		
NHERE WOULD YOU If you do not check	PREFER THE	DIVISION OF R	EAL ESTATE SEN		
□Residence Street Add			□Business Stree		□Business PO Box
□Please send me a new license		□I do not need a	a new license se	ent to me	
Signature:					

RETURN COMPLETED FORM TO:

By Mail: Licensing Program Colorado Division of Real Estate 1560 Broadway, Suite 925 Denver, CO 80202